

NAIC Company Code _____
Company Name _____
Contact Person _____ Phone: _____ Email: _____

STATE OF INDIANA

DEPARTMENT OF INSURANCE

CERTIFICATE OF ADVERTISING COMPLIANCE

(Form to certify compliance with Statute or Administrative Code
governing advertising of accident and sickness insurance.)

760 IAC 1-18-20(2)

I certify to the best of my knowledge, information and belief that the advertisements
which were disseminated by the _____

(Name of Company)

during the preceding statement year complied or were made to comply in all respects with the
provisions of the laws of the State of Indiana as implemented or interpreted by rule 760 IAC 1-
18.

1. The Advertising File for said year as required by 760 IAC 1-18-20(2) is located at:

(Address where files are kept)

2. The annexed Statement of Affairs of the aforementioned insurance company is an exact copy of
the statement filed by said company in the office of the _____

(Name of State Insurance Department)

I further attest that I am an officer of said insurance company with authority to certify this
form.

Signature



(Print Name)
President or CEO